UNITED STATES DISTRICT COURT EASTERN DISTRICT OF NEW YORK		37	
A.A. MEDICAL P.C.,	Plaintiff,	2 1	Case No.:2:22-cv-01249(ENV)(LGD)
-against-	,	:	DECLARATION OF
IRON WORKERS LOCALS 40, 361 & 41 HEALTH FUND,	7	:	THOMAS P. KEANE
	Defendant.	: X	

Thomas P. Keane, an attorney duly licensed to practice law in the state of New York affirms the following under penalty of perjury:

- 1. That I am an associate in the firm of COLLERAN, O'HARA & Mills L.L.P., attorneys for Defendant IRON WORKERS LOCAL 40, 361 & 417 HEALTH FUND. ("Defendant" or "Fund"). This Declaration is submitted in support of Defendant's motion for summary judgment seeking dismissal of the Amended Complaint.
- 2. Plaintiff A.A. Medical P.C. ("Plaintiff" or "AA Medical") filed the Complaint in the United States District Court for the Eastern District of New York on March 8, 2022. <u>See</u> Dkt. No. 1.
- 3. Defendant was served with the Complaint on April 14, 2022. See Dkt. No. 6. The parties stipulated to extend Defendant's time to respond to the Complaint on April 4, 2022. See Dkt. No. 8. The stipulation was so ordered by the Court on May 5, 2022.
- 4. Defendant timely sought leave to file a motion to dismiss on May 19, 2022. <u>See</u> Dkt. No. 9. The motion to dismiss was fully briefed on August 11, 2022. See Dkt. No. 18.
- 5. On January 18, 2023, the Court issued an order granting the motion to dismiss without prejudice and with leave to amend the complaint. See Dkt. No. 23. Plaintiff filed an Amended Complaint on January 24, 2023. See Dkt. No. 24.

6. Defendant moved for an extension of time to answer the Amended Complaint on February 3, 2023. See Dkt. No. 25. The motion was granted on February 6, 2023. See Dkt. No. 26. Defendant filed an Answer to the Amended Complaint on February 17, 2023. See Dkt. No. 27.

WHEREFORE, it is respectfully requested that this Court grant the Fund's Motion for Summary Judgment and dismiss Plaintiff's Amended Complaint in its entirety, and for such other and further relief as this Court deems just and proper.

Dated: Woodbury, New York January 16, 2025

COLLERAN, O'HARA & MILLS L.L.P. Attorneys for Defendant

By:

THOMAS P. KEANE (TK 4425) 100 Crossway Park Drive West, Suite 200 Woodbury, New York 11797 (516) 248-5757 tpk@cohmlaw.com

EXHIBIT A

Dimitri Teresh, Esq. **The Killian Firm, P.C.**Tindall Executive Suites
107 Tindall Road
Middletown, New Jersey 07748

dteresh@tkfpc.com
732-912-2100

Attorneys for Plaintiffs

UNITED STATES DISTRICT COURT EASTERN DISTRICT OF NEW YORK

AA MEDICAL, P.C. ON BEHALF OF

PATIENT BS

Civil Action No.:

2:22-CV-1249-ENV-LGD

Plaintiff,

v.

RESPONSE TO DOCUMENT PRODUCTION REQUESTS

IRON WORKERS LOCAL 40, 361 7 417 HEALTH FUND,

Defendant.

TO: Thomas P. Keane, Esq.

COLLERAN, O'HARA & MILLS, L.L.P.

100 Crossways Park Drive West, Suite 200

Woodbury, New York 11797

Attorneys for Defendant Iron Workers Local 40, 361 7 417 Health Fund

Plaintiff, AA Medical, P.C., hereby objects and responds to the First Set of Document Production Requests served by Defendant Iron Workers Local 40, 361 7 417 Health Fund in accordance with the Federal Rules of Civil Procedure and the Local Rules of this Court.

Dated: June 6, 2024 THE KILLIAN FIRM, P.C.

By: /s Dimitri Teresh____

RESPONSE TO DEFENDANT'S FIRST SET OF DOCUMENT REQUESTS

1. Copies of Patient BS' medical record including, but not limited to, all records related to the procedure performed on June 16, 2021.

RESPONSE: AA Medical will produce non-privileged documents responsive to this request.

2. Any and all documents and/or communications submitted to Health Fund in connection with the original invoice for the procedure performed on June 16, 2021.

RESPONSE: AA Medical will produce non-privileged documents responsive to this request.

3. A copy of the appeal sent to the Defendant on December 15, 2021, as alleged in Paragraph 28 of the Amended Complaint. Please identify the form in which the appeal was submitted to the Health Fund.

RESPONSE: AA Medical will produce non-privileged documents responsive to this request.

4. Any and all documents and/or communications submitted by AA Medical to the Health Fund when AA Medical submitted its appeal on December 15, 2021.

RESPONSE: AA Medical will produce non-privileged documents responsive to this request.

5. Please identify the date on which Plaintiff transmitted the medical literature referenced in Paragraphs 21, 22 and 23 of the Amended Complaint were submitted to the Health Fund. Please provide a copy of the studies referenced in Paragraphs 21, 22 and 23 of the Amended Complaint.

RESPONSE: The medical literature was not provided to defendant.

6. A copy of the assignment from Patient BS to AA Medical.

RESPONSE: AA Medical will produce non-privileged documents responsive to this request.

7. Copies of any and all communications between Plaintiff and the Health Fund regarding the events giving rise to this lawsuit.

RESPONSE: AA Medical will produce non-privileged documents responsive to this request.

Brian SIDOTE		DOB:		C 0 M P ORTHOP 031-981-
	History	of Present Illness		031-361-
5'8 Height: Weig	205 ht:			
·				
Description of how the problem ha				
I have had knee problems in t playing kickball and my knee	he pas	t but it was never treat	ed, Wedn	esday I was
praying kickbarr and my knee	buckie	4		
Location of Pain/Body Part:	Α	lleviating Factors	Pro	evious Surgery (for current issu
☑ Left Knee		Nothing helps		None
□ Right		Lying Down		Surgery Type & Date:
☐ Other		Position Change		
		Heat		
Quality of Pain		Ice	Pri	or Imaging
☐ Aching		Rest		None
☐ Burning		Exercise / Stretching	×	Xray
☐ Stabbing		OTC Medication		MRI
☐ Throbbing		Narcotics		CT
☑ Sharp				EMG
□ Dull	A	ggravating Factors		
□ Occasional	3	Standing	Pro	evious Injections
☐ Frequent	M	Walking	M	None
Constant	X	3		Did not help
☑ Worsening	2			Helped temporarily
☐ Improving	2			Helped a little
 Not changing 				Helped significantly
	2			
Severity of Pain	74			evious Physical Therapy
□ No Pain	2	-		None
□ Mild	23		ū	
☐ Moderate				
☑ Severe		Cold Weather		
Duration		accipted Sumptoms	U DT	
Duration S/25/21 Date of Onset:	A:	ssociated Symptoms Weakness		Name and Tel. Number:
Date of Oriset.			_	
Timing			_	
☐ Acute	×	0 0	Cu	rrently Working?
⊠ Chronic	Ö			No
☐ Nighttime				Yes; Employer & Job Title:
□ Recurrent			-	Iron Workers Union 365
□ Occasional	_			
Context	_		Ac	cident related to MVA/Work
□ Fall	_			MVA
☐ Lifting				Date of Accident:
☐ Twisting				Work
☑ Sports Injury		Chills		Date of accident:
☐ Work Injury		Weight Loss		
☐ Motor Vehicle Accident (MVA)			Ca	n you undergo an MRI?
☐ Assault		Tender to touch		Yes
	(30)	Doin with motion		No Pesson:

Name: ____Brian SIDOTE



Social and Medical History

Are you currently under medical treatment?	Primary Care Provider:	N/A			Refe	erring Pro	vider: _	N/A			_
If so, please describe	Are you currently under me	dical tre	atment?	□ Yes X□ No	Do you s	moke?	Never	□ Former	Smoker	□ Currer	t Smoke
Are you currently taking any medications? XI Yes No Do you have a pacemaker? Yes XI No If so, please list Oxycodone and Advi Oxycodone and Advi Oxycodone and Advi Oxycodone and Advi Oxycodone and Advi Oxycodone and Advi Oxycodone Oxycodone Advi Oxycodone Advi Oxycodone Advi Oxycodone Oxycodone	Have you ever had any pre	vious sı	rgeries?	□Yes X⊓No	Do you d	rink alcoh	ol? 🗆 N	lever ⊠	Occasio	onal 🗆 f	requent
If so, please list Oxycodone and Advi1					Do you u	se glasses	s/contac	t?	□ Yes	⊠ No	
Are you or your family diagnosed with any of the following:	Are you currently taking an	y medic	ations?	x⊓Yes □No	Do you h	ave a pac	emaker?	?	□ Yes	⊠ No	
AIDS/HIV	If so, please list Oxycodor	e and	Advil								
AIDS/HIV	Are you or your famil	v diagr	nosed wi	ith any of the followin	na: □N	o to all					
Anemia		_			_			□ Yes	NO No	□ Family	,
Arry Issues with Anesthesia				,		lesterol					
Arthritis				•	-						
Asthma	*			,							
Pies No											
Part						ase					
Parily	•			,		onin					
COPD					-		_				
Yes No Family Stroke				,		ola Arthritis	5				
Yes No Family Thyroid Problems Yes Mo Family Thyroid Problems Yes Mo Family Tuberculosis Yes Mo Yes Mo Family Tuberculosis Yes Mo Yes Mo The More than 1 Yes Mo Yes Mo The More than 1 Yes Mo Yes Mo The More than 1 Yes Mo Yes Mo Numbress Yes No Numbress Yes Numbress Yes Numbress Yes Numbress Yes Numbress				,							
Heart Attack				,							
Review Of Systems	, ,				-						
Review Of Systems				,		sis					
Constitutional	Heart Problems	Xo Ye	s □ No	□ Family	Ulcers			□ Yes	DE No	□ Family	/
Fever	•	DR N	o to all								
Night Sweats Yes No								-			
Weight Gain											
Weight Loss	-	es □N	0	Palpitations	□ Yes	□ No	N	lumbness		□ Yes	□ No
Chills	Weight Gain ☐ Ye	s □N∈	0	Heart murmur	Yes	□ No	0	izziness)		□ Yes	□ No
Cough	Weight Loss ☐ Ye	s □ N	0				Н	leadaches	3	□ Yes	□ No
Shortness of breath Yes No Depression Yes No No Depression Yes No No No No No No No N	Chills □ Ye	s DN	0	Respiratory							
Dry Eyes				Cough	Yes	□ No	Psyc	hiatric			
Vision Change	Eyes			Shortness of breat	h □ Yes	□ No	D	epression	า	Yes	□ No
Eye Disease/Injury	Dry Eyes	Yes □	No	Sleep Apnea	Yes	□ No	Α	nxiety		Yes	□ No
Abdominal Pain	Vision Change □	Yes □	No				N	femory Lo	oss	Yes	□ No
Bend	Eye Disease/Injury	Yes □	No	Gastrointestinal							
Difficulty Hearing				Abdominal Pain	Yes	□ No	Endo	crine			
Ear Pain/Ringing	ENMT			Nausea/Vomiting	□ Yes	□ No	F	atigue		□ Yes	□ No
Nose Bleeds	Difficulty Hearing	Yes □	No	Consti[ation	□ Yes	□ No					
Nose Bleeds	Ear Pain/Ringing	Yes 🗆	No	GERD	□ Yes	□ No	Hema	atologic/L	ymphatic	С	
Nose/Sinus Issues		Yes 🗆	No								□ No
Sore Throat				Skin			E	asv Bruis	ina	□ Yes	□ No
Snoring					□ Yes	□ No		,			
Oral Abnormalities							Allero	ic/Immun	ologic		
Sinus Pressure Yes No Itching/Hives Yes No By signing below, I am confirming that all the above information is true and correct.								-	_	□ Yes	□ No
By signing below, I am confirming that all the above information is true and correct. 5/28/2021	Old / Diolination		. 10	Cicitala	_ 103	10		-			
5/28/2021							_				
5/28/2021	By signing below, I am con	firming			s true and	i correct.					
	Patient Signature		(Adata		_	Dat	e5/28	3/2021		



HIPAA PRIVACY AND RELEASE OF INFORMATION AUTHORIZATION

I hereby authorize AA Medical P.C. my treating physicians and their respective designees; including a third party medical records company, to use and disclose by health information (e.g., information relating to the diagnosis, treatment, claims payment, and health care services provided or to be provided to me and which identifies my name, address, social security number, Member ID number) for all purposes necessary for treatment, payment and healthcare operations, including but not limited to release of information requested by my insurance company (or carrier), any information necessary for planning purposes, as well as authority to leave messages, texts, or faxes on all numbers and emails that I have provided to the office.

I understand that any personal health information or other information released to the person or organization identified above may be subject to re-disclosure by such person/organization and may no longer be protected by applicable federal and state privacy laws.

I understand that I have a right to revoke this authorization by providing written notice to the office. However, this authorization may not be revoked if its employees or agents have taken action on this authorization prior to receiving my written notice. I also understand that I have a right to have a copy of this authorization.

I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

I further understand that this authorization is voluntary and that I may refuse to sign this authorization. My refusal to sign will not affect my eligibility for benefits or enrollment or payment for or coverage of services.

I have been advised of this practice's Privacy Practices, Release of Billing Information policy, Assignment of Benefits policy, and grant the practice Medication History Authority.

If applicable, Legal Representatives sign below:

By signing this form, I represent that I am the legal representative of the Member identified above and will provide written proof (e.g., Power of Attorney, living will, guardianship papers, etc.) that I am legally authorized to act on the Member's behalf with respect to this authorization form.

RELEASE OF BILLING INFORMATION

I agree and provide consent for the provider and its staff to do the following on my behalf; (1) File Patient Medical Claims with my Health Plan; and (2) file any necessary appeals of denied or partially paid Patient Medical Claims with my Plan or regulatory authorities on my behalf; and (3) file any necessary external appeals with regulatory authorities; and (4) to obtain a complete copy of my Health Plan, Health Policy, Summary of Declaration of Benefits, and Plan Description; and (5) to obtain any medical records or reports of the Patient including HIV and psychological records needed to obtain reimbursement of the Patient's Medical Claims.

ASSIGNMENT OF BENEFITS

I agree and provide consent for the provider and its staff to do the following on my behalf; (1) File Patient Medical Claims with my Health Plan; and (2) file any necessary appeals of denied or partially paid Patient Medical Claims with my Plan or regulatory authorities on my behalf; and (3) file any necessary external appeals with regulatory authorities; and (4) to obtain a complete copy of my Health Plan, Health Policy, Summary of Declaration of Benefits, and Plan Description; and (5) to obtain any medical records or reports of the Patient including HIV and psychological records needed to obtain reimbursement of the Patient's Medical Claims

Bronsidate	Brian SIDOTE
Signature of Patient or Personal Representative	Print Name of Patient or Personal Representative
	5/28/2021
Description of Personal Representative's Authority	Date



OFFICE POLICIES AND PROCEDURES

- 1. RELEASE OF INFORMATION: I authorize AA MEDICAL, PC, my treating physicians and their respective designees, to use and disclose my health information for all purposes necessary for treatment, payment and healthcare operations, including but not limited to release of information requested by my insurance company (or carrier), any information necessary for planning purposes, as well as authority to leave messages, texts, or faxes on all numbers and emails that I have provided to their office.
- ASSIGNMENT OF INSURANCE: I hereby authorize my insurance benefits to be paid directly to AA MEDICAL, PC. I understand that I am financially responsible for non-covered services. I authorize the release of any medical or other information necessary to process insurance claims on my behalf.
- 3. FINANCIAL LIABILITY: I hereby agree to pay all charges due (or become due) to AA MEDICAL PC for care and treatment, including copayments and deductibles as provided under my plan. Benefits, if any, paid by a third party will be credited on account. I understand that I will be responsible for any charges if any of the following apply:
- My health plan requires pre authorization or referral by a Primary Care Physician before receiving services at AA MEDICAL PC and I have failed to obtain such an authorization or referral or I receive services in excess of such authorization or referral, and/or.
- My health plan determines that the services I receive at AA MEDICAL PC are not medically necessary and/or not covered by my insurance plan.
- My health plan coverage has lapsed and/or expired at the time I receive services at AA MEDICAL PC. I have chosen not to use my health plan coverage.
- 4. CANCELLED OR NO-SHOW APPOINTMENTS: I understand that I may incur a cancellation fee of \$50 if I do not provide 24 hour notice of cancellation, or if I do not show to my appointment without calling to cancel.
- 5. PHONE CONSULTATIONS: If for any reason I require a phone consultation with the physician or medical staff, I am aware that there will be a charge to me as determined by the practice.
- COLLECTIONS: If I should become delinquent on my account and sent to collections I will be responsible for all reasonable attorney fees and costs, as well as the practice fee for being sent to collections.
- I agree that reasonable attorney fees shall be equal to the greater of 1/3 of the amount outstanding or \$750 per hour.
- . I agree that any action to recover unpaid charges shall be venued in Suffolk County, NY.
- 7. PAYMENT: If I can not pay at the time of service I am aware that there is a 50 dollar processing fee in addition to my bill.
- 8. AUDIO-VISUAL SURVEILLANCE: I am aware that the office is under visual and audio surveillance. I am aware that I may be recorded in common areas and consent to being so.

Briandate	Brian SIDOTE
Signature of Patient or Personal Representative	Print Name of Patient or Personal Representative
	5/28/2021
Description of Personal Representative's Authority	Date



Financial Policy and Notice of Privacy Act

We now use a Credit Card Merchant Service which gives us the ability to swipe your credit card, debit card, or health savings account card to accept payment in the office and have the number securely stored on a remote server with Instamed. The full credit card number is NOT visible to us and is NOT stored in our office.

We want to assure you that our software has been thoroughly vetted according to the strict data retention rules required by the merchant processing system. The only information stored at our office in our secure, encrypted system, is the name on the card, the expiration date, and the last 4 digits of the card number.

We require your credit card information to be stored for future payment for some of the following reasons:

- Policy has terminated, or there is a gap in coverage.
- You may have a copayment for medical services.
- · You wish to set up a payment plan for a large balance on account.
- You have missed your appointment and did not advise staff

Our office will send you a receipt of any charges that are made to your card.

AUTHORIZATION

not possible with healthcare.

the past 14 days.

By signing below, I authorize AA Medical to keep a credit card on file for future payments on the patients listed below with the information saved. I am aware that if any of my personal information has changed, I am responsible to notify AA Medical of the change(s) to ensure they have the most current information to contact me or process payment accurately. By signing below, I confirm I have reviewed and understand AA Medical's Financial Policy and Notice of Privacy Act

	t current information to contact me or process payment accurately. stand AA Medical's Financial Policy and Notice of Privacy Act
Brandada	Brian SIDOTE
Signature of Patient or Personal Representative	Print Name of Patient or Personal Representative
	5/28/2021
Description of Personal Representative's Authority	Date
Consent for Treatme	ent During COVID-19 Pandemic
Brian SIDOTE I,including but not limited to physical examinations and i	_, knowingly and willingly consent to have orthopedic treatment, njections/aspiritations, completed during the COVID-19 pandemic.
	n period during which carriers of the virus may not show symptoms nine who has it and who does not, given the current limits in virus
I confirm that I am not presenting any of the following s Fever Shortness of Breath Dry Cough Runny nose Sore throat	symptoms of COVID-19 listed below:

I understand that air travel significantly increases my risk of contracting and transmitting the COVID-19 virus. And the CDC recommends social distancing of at least 6 feet for a period of 14 days with anyone they may be around, which is

I verify I have not traveled outside of the United States in the past 14 days to countries that have been affected by

I verify that I have not traveled domestically within the United Stated by commercial airlines, bus, or train within

Patient Signature Date 5/28/2021

INTAKE PAPEROVORIZEG & DOZE, BRIAIR (LGD

DocuSign Envelope ID: 1258E7BB-7635-4939-8ED8-242CCF932DF3



HIPAA PRIVACY AND RELEASE OF INFORMATION AUTHORIZATION

(8764M)#21962

I hereby authorize AA Medical P.C. my treating physicians and their respective designees; including a third party medical records company, to use and disclose by health information (e.g., information relating to the diagnosis, treatment, claims payment, and health care services provided or to be provided to me and which identifies my name, address, social security number, Member ID number) for all purposes necessary for treatment, payment and healthcare operations, including but not limited to release of information requested by my insurance company (or carrier), any information necessary for planning purposes, as well as authority to leave messages, texts, or faxes on all numbers and emails that I have provided to the office.

I understand that any personal health information or other information released to the person or organization identified above may be subject to re-disclosure by such person/organization and may no longer be protected by applicable federal and state privacy laws.

I understand that I have a right to revoke this authorization by providing written notice to the office. However, this authorization may not be revoked if its employees or agents have taken action on this authorization prior to receiving my written notice. I also understand that I have a right to have a copy of this authorization.

I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

I further understand that this authorization is voluntary and that I may refuse to sign this authorization. My refusal to sign will not affect my eligibility for benefits or enrollment or payment for or coverage of services.

I have been advised of this practice's Privacy Practices, Release of Billing Information policy, Assignment of Benefits policy, and grant the practice Medication History Authority.

If applicable, Legal Representatives sign below:

By signing this form, I represent that I am the legal representative of the Member identified above and will provide written proof (e.g., Power of Attorney, living will, guardianship papers, etc.) that I am legally authorized to act on the Member's behalf with respect to this authorization form.

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Briogsita	Brian SIDOTE		
Signature of Patient or Personal Representative	Print Name of Patient or Personal Representativ		
	5/28/2021		
Description of Personal Representative's Authority	Date		

I hereby sesign and convey all benefit and non-benefit rights (including the rights to all payments) under my health insurance policy or benefit plan to AA Medical, P.C. with respect to all medical services provided by AA Medical, P.C. and its surgeons or providers for all dates of service. It is specifically intended by this assignment of benefits to assign all of my rights to bring any appeal, lawsuit or administrative proceeding for and on my behalf, in my name against any person or entity involved in the determination of benefits under my incurance policy of benefit plan, including any fiduciary claim.

I hereby appoint as my Designated Authorized Representative AA Medical, P.C. under ERISA and its governing regulations and rulemaking, to communicate with my insurers, plan fiduciaries, employers, and claims communicate with my insurers, plan benefits and internal appellate rights.

AA Medical, P.C. is hereby authorized and directed to provide and release by Protected Health Information ("PHI") for purposes of exercising the rights and benefits set forth in this Assignment and Designated Authorized Representative to any "Covered Person" (included payors or other entities that may assist in reimbursement). I direct the plan, plan sponsor, and claims administrator to share all PHI with my provider and Authorized claims administrator to share all PHI with my provider and Authorized

I understand and agree that this Assignment and Designation of Authorized Representative shall remain in full force and effect for all current and future dates of service until such time as I may revoke this authority upon written notice.

edsO	Description of Personal Representative's Authority	
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Brian SIDOTE	stel brand	



OFFICE POLICIES AND PROCEDURES

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Brianshita	Brian SIDOTE	
Signature of Patient or Personal Representative	Print Name of Patient or Personal Representati	
	5/28/2021	
Description of Personal Representative's Authority	Date	



Financial Policy and Notice of Privacy Act

29764IM19#21932

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- You wish to set up a payment plan for a large balance on account.
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	Bronsitate		Brian SIDOTE
Signatu	re of Patient or Perso	nal Representative	Print Name of Patient or Personal Representative
			5/28/2021
Descrip	tion of Personal Repr	esentative's Authority	Date
		Consent for Treats	ment During COVID-19 Pandemic
١	Brian SIDOTE		, knowingly and willingly consent to have orthopedic treatment,
includin	g but not limited to ph	ysical examinations an	d injections/aspiritations, completed during the COVID-19 pandemic.
		•	ion period during which carriers of the virus may not show symptoms ermine who has it and who does not, given the current limits in virus
l confirm	n that I am not presen Fever Shortness of Breath Dry Cough Runny nose Sore throat	ting any of the following	g symptoms of COVID-19 listed below:
CDC re	•	•	risk of contracting and transmitting the COVID-19 virus. And the tor a period of 14 days with anyone they may be around, which is
•	COVID-19.		ited States in the past 14 days to countries that have been affected by within the United Stated by commercial airlines, bus, or train within
Patient	Signature	Bringstate	Date

AA MEDICAL 2500 NESCONSET HWY BUILDING 10 UNIT D STONY BROOK, NY 11790

Date: 12/15/2021

ATTENTION: IRON WORKERS CLAIM DEPARTMENT

PATIENT:	BRIAN SIDOTE	DOB:	
ID NUME	BER : MID0024054		
CLAIM #	1993382	DOS: 06/1	6/2021
PROVIDE	R: VEDANT VAKSHA, MD		
TAX ID NU	JMBER: 462667021		
OUR REC	ORDS INDICATE THAT THE ABO	VE CLAIM HAS BEEN	UNDERPAID. WE
REQUEST	THAT THE CLAIM BE SENT BAC	K FOR REVIEW. IN A	DDITION WE HEREBY
MAKE A F	ORMAL REQUEST FOR THE CER	TIFICATE OR SUMM	IARY PLAN
DESCRIPT	ION (SPD) APPLICABLE TO THE	HEALTHCARE PLAN	GOVERNING THIS
CLAIM. Y	OU ARE REQUIRED TO MAKE TH	HIS DOCUMENT AVA	ILABLE TO US.

THANK YOU,	
DONNA AIELLO, BILLING ADMINISTRATOR	
EMAIL: BILLING@CORTHO.ORG	
(631)237-3913	
FAX #(212)203-9223	

GREENCE FRY IN 1844 SIBJE LERAN OF COLUMN (1947) 142 File 08/08/25	Page 16 of 75 Pageil

ase 2:22-cv-01249-SJB-LGD Document 71

Filed 08/08/25 MAGNACARE

Page 17 of 75 PageID #: UNION WELFARE LOCAL 202868 PO BOX 1001

GARDEN CITY, NY 115308001

CARRIER EALTH INSURANCE CLAIM FORM APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12 XXXPICA MEDICARE **MEDICAID** TRICARE 1a. INSURED'S I.D. NUMBER (For Program in Item 1) **OTHER** GROUP HEALTH PLAN (ID#) FECA BLK LUNG (ID#) (Medicaid#) (ID#/DoD#) (Member ID#) (ID#) (Medicare#) MID0024054 2. PATIENT'S NAME (Last Name, First Name, Middle Initial) SEX 4. INSURED'S NAME (Last Name, First Name, Middle Initial) SIDOTE BRIAN SIDOTE BRIAN URED Self X Spouse Child Other 8. RESERVED FOR NUCC USE STATE STATE INSURED INFORMATION NY NY 117952809 117952809 9. OTHER INSURED'S NAME (Last Na 11. INSURED'S POLICY GROUP OR FECA NUMBER 10. IS PATIENT'S CONDITION RELATED TO: a. OTHER INSURED'S POLICY OR GROUP NUMBER a. EMPLOYMENT? (Current or Previous) a. INSURED'S DATE OF BIRTH MX XNO F b. RESERVED FOR NUCC USE b. AUTO ACCIDENT? AND b. OTHER CLAIM ID (Designated by NUCC) PLACE (State) c. BESERVED FOR NUCC USE C INSURANCE PLAN NAME OR PROGRAM NAME c. OTHER ACCIDENTS YES Хио MAGNACARE UNION WELFARE LOCAL d. INSURANCE PLAN NAME OR PROGRAM NAME 10d. CLAIM CODES (Designated by NUCC) d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES X NO If ves. complete items 9, 9a, and 9d. READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE | Lauthorize the release of any medical or other information necessary 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment services described below. SIGNED SIGNATURE ON FILE 07 29 2021 SIGNED SIGNATURE ON FILE DATE 14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) 15. OTHER DATE 06 16 2021 QUAL 431 QUAL. FROM TO 17 NAME OF REFERBING PROVIDER OR OTHER SOURCE 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM , DD , YY 17a. FROM TO 17b. NPI 19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) 20. OUTSIDE LAB? YES X NO 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. ORIGINAL REF. NO. M25562 D. 23. PRIOR AUTHORIZATION NUMBER E. l DATE(S) OF SERVICE D. PROCEDURES, SERVICES, OR SUPPLIES SUPPLIER INFORMATION PLACE OF DIAGNOSIS RENDERING DD DD SERVICE **EMG** CPT/HCPCS MODIFIER **POINTER** \$ CHARGES PROVIDER ID. # 06 16 21 06 16 21 22 29883 59 LTΑ 99756 32 1760762033 21 06 16 21 22 Α 58682 32 1 06 16 29879 1760762033 NPI OR NPI SICIAN NPI NPI 27. ACCEPT ASSIGNMENT? 28. TOTAL CHARGE 29. AMOUNT PAID 25. FEDERAL TAX I.D. NUMBER SSN EIN 26. PATIENT'S ACCOUNT NO. 30. Rsvd for NUCC Use 462667021 7445V21645 X YES \$158438 64 \$ 0 00158438 64 31. SIGNATURE OF PHYSICIAN OR SUPPLIER 32. SERVICE FACILITY LOCATION INFORMATION 33. BILLING PROVIDER INFO & PH# INCLUDING DEGREES OR CREDENTIALS AA MEDICAL, P.C. AA MEDICAL P.C. (I certify that the statements on the reverse 50 NY 25 A PO BOX 27140 VEDANT VAKSHA, MD SMITHTOWN NY 117873448 BELFAST ME 049152023

a.1982663423 b.

SIGNED 07 29 2021 DATE

a.1093150385 b.

Clinical Documents



ST CATHERINE OF SIENA SMITHTOWN, NEW YORK

REPORT OF OPERATION

E1813629 PT TYPE:

BRIAN SIDOTE

3034455730 LOCATION: SGS

PATIENT'S NAME: Sidote, Brian

DATE OF PROCEDURE: 06/16/2021

DATE OF BIRTH:

SURGEON: Vedant Vaksha, MD

ASSISTANTS:

1. Patrick Greger, PA

2. Brian James, PA

PREOPERATIVE DIAGNOSES:

1. Left knee ACL tear.

- 2. Left knee medial meniscus, posterior horn tear.
- 3. Left knee lateral meniscus tear, bucket handle.

POSTOPERATIVE DIAGNOSES:

- 1. Left knee medial meniscus root tear.
- 2. Left knee bucket handle lateral meniscus tear with the left knee ACL tear.

OPERATIONS:

- 1. Left knee medial meniscus root repair.
- 2. Left knee lateral meniscus repair.
- 3. Left knee microfracture chondroplasty.

COMPLICATIONS: None.

SPECIMENS: Shavings.

TOURNIQUET TIME: 127 minutes.

BLOOD LOSS: 50 cc.

INDICATION FOR PROCEDURE: The patient is a 34-year-old male who came to my office following injury to the left knee in a kickball game. He came in with a swollen knee. I aspirated the knee and drained blood from the knee. The patient was sent for MRI, which showed the above-mentioned findings. We discussed treatment options and the patient

BRIAN SIDOTE E1813629 3034455730

opted for surgical management. We discussed possibility of need for repair versus resection of the medial and lateral meniscus and possibility of repair versus reconstruction of ACL tear found one. We also discussed the possibility of staging the procedure if the meniscus repair was prolonged. We also discussed risks and benefits including infection, bleeding, Injury to adjacent nerves and vessels, rehabilitation, need for repeat surgery, failure, staging procedure, knee stiffness, and need for manipulation, need for rehabilitation, systemic complications including blood clot, cardiac or pulmonary, neurological complications including death. The patient understood and signed an informed consent.

DESCRIPTION OF PROCEDURE: The patient was taken to the operating room where general anesthesia was induced. The left lower extremity was prepped and draped aseptically in usual fashion. Preop antibiotic was given. A gram of tranexamic acid was also given. Timeout was called. Tourniquet was elevated after exsanguination.

Lateral entry portal was made for the arthroscope. Arthroscope was entered. There was hemarthrosis, this was drained. Medial entry portal was made with use of spinal needle. Examination of the medial tibiofemoral compartment showed tear of the posterior horn meniscus, which was freed. The portion of the meniscus was resected. Further examination showed that the root was avulsed and tagged by only the capsular attachment.

Decision was done to root repair. Examination of the intercondylar notch showed tear of the ACL with synovial reaction. Examination of the lateral tibiofemoral compartment showed a bucket handle tear, which was into the intercondylar notch. There was also a flap along the posterior horn of the medial meniscus in a form of a tongue. The decision was done to repair the meniscus. Posterolateral incision was given along the posterolateral corner of the knee. With sharp and blunt dissection along the posterior margin of the LCL, the knee capsule was reached. A space was generated between the gastrocnemius and the knee capsule. A speculum was inserted to avoid injury to the neurovascular bundle posterior to the knees.

Now, the repair of lateral meniscus was planned. Combination of FastFixes as well as Ti-Cron needle sutures should pass through _______ specific cannulas were done. The repair also involved tying down the tongue fragment along with the bucket handle fragment. The meniscal soft tissues were prepared before the repair with the use of shaver and rasp. All the three Ti-Cron needles could have been passed along with the use of six FastFixes for all inside repair. The Ti-Cron needle was delivered out of the posterolateral wound. Pictures were taken and saved.

Now, the scope was entered into the medial portal to complete the repair of the lateral meniscus. The repair of the medial root was performed through the medial portal and the scope in the lateral portal.

(37yo M) #21992



The attached proposal is being submitted to you for consideration and remittance of payment on the below detailed claim in accordance with the terms and conditions contained herein.

Details Patient ID: 73743380 Contact: Donna xt 1053

> Patient Name: SIDOTE, BRIAN Phone: 6319812663 Date(s) of Service: 06/16/21 - 06/16/21 Fax: 212-203-9223

Payor: Iron Workers Locals 40, 361 and

417 Health Fund

Claim ID: 1993382

Provider: AA MEDICAL PC Total Billed Amount: \$158,438.64 Repriced Amount: \$797.75

Terms

This Agreement outlines Provider's willingness to accept the following terms on the above claim:

- The Repriced Amount will be agreed to on this claim.
- 2. Any interest or penalties relating to the claims processed by the Payor will be waived by Provider.
- In consideration, Provider will receive payment within 15-20 working days from the date this document is 3. received in the Zelis office. The EOB/EOP remark will designate that the discount is through Zelis or PHX.
- Payment from the Payor will be subject to any benefit plan terms such as deductibles, co-insurance, co-pays, exclusions and code edit reductions per the plan guidelines. Provider agrees not to balance bill the Payor, administrator and/or patient for the difference between the Total Billed Amount and the Repriced Amount in accordance with the terms of this Agreement.

Acceptance

I have the authority to accept the provisions outlined in this Agreement and further provide the payor the assurance the proceeds associated with this claim have not been previously assigned to any other organization.

Please sign below and fax to (973) 587-2102 or call us at (908) 389-8400. Signature Date Printed Name E-Mail Address

If you have any questions, please contact me at (908) 389-8400.

Sincerely,

Samantha Gries Claims Associate

Somantha Shies

*Zelis Claims Integrity LLC is not financially responsible and/or liable for any payments to the Provider. Payment of benefits, if any, is subject to the terms and conditions of the Payor's plan design and/or existing contracts. This agreement does not constitute, nor should it be construed as, a guaranty of payment by the Payor.

Zelis Claim ID: 203652209

Contact:

Phone:

Fax:

Donna xt 1053

6319812663

212-203-9223



The attached proposal is being submitted to you for consideration and remittance of payment on the below detailed claim in accordance with the terms and conditions contained herein.

Details

Terms

Patient ID: Patient Name: 73743380

SIDOTE, BRIAN

Date(s) of Service:

07/15/21 - 07/15/21

Payor:

Iron Workers Locals 40, 361 and

417 Health Fund

Claim ID:

1993383

Provider:

AA MEDICAL PC

Total Billed Amount:

\$96,549.87 \$651.97

Repriced Amount:

This Agreement outlines Provider's willingness to accept the following terms on the above claim:

- The Repriced Amount will be agreed to on this claim.
- 2. Any interest or penalties relating to the claims processed by the Payor will be waived by Provider.
- In consideration, Provider will receive payment within 15-20 working days from the date this document is received in the Zelis office. The EOB/EOP remark will designate that the discount is through Zelis or PHX.
- Payment from the Payor will be subject to any benefit plan terms such as deductibles, co-insurance, co-pays, exclusions and code edit reductions per the plan guidelines. Provider agrees not to balance bill the Payor, administrator and/or patient for the difference between the Total Billed Amount and the Repriced Amount in accordance with the terms of this Agreement.

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E-Mail Address

Please sign below and fax to (973) 587-2102 or call us at (908) 389-8400. Signature Date

If you have any questions, please contact me at (908) 389-8400.

Printed Name

Somantha Shies

Sincerely,

Samantha Gries Claims Associate

*Zelis Claims Integrity LLC is not financially responsible and/or liable for any payments to the Provider. Payment of benefits, if any, is subject to the terms and conditions of the Payor's plan design and/or existing contracts. This agreement does not constitute, nor should it be construed as, a guaranty of payment by the Payor.

Zelis Claim ID: 203652210

AA MEDICAL 2500 NESCONSET HWY BUILDING 10 UNIT D STONY BROOK, NY 11790

Date: 09/28/2021

ATTENTION: APPEAL DEPARTMENT FAX 845-336-7989

PATIENT : BRAIN SIDOTE
ID # MID0024054
TAX ID NUMBER: 462667021
OUR RECORDS INDICATE THAT CLAIMS FOR THE ABOVE ID NUMBER AND TAX ID NUMBER WERE UNDERPAID. WE ARE REQUESTING THAT YOU SEND THE PLAN DOCUMENTS FOR THIS PATIENT. PLEASE CONSIDER AS AN APPEAL FOR ALL CLAIMS ON THIS PATIENT.
PLEASE CONTACT ME IF YOU HAVE ANY FURTHER QUESTIONS
THANK YOU,
DONNA AIELLO, BILLING ADMINISTRATOR
EMAIL: BILLING@CORTHO.ORG
(631)237-3913
FAX #(212)203-9223

Dear Appeals/Plan Administrator¹,

We are counsel to AA medical PC (tax ID 462667021), the assignee and designated authorized representative of the patient² and are filing this First Level Member Appeal on their behalf. Attached are the requisite authorization, assignment and HIPAA forms. All further communications regarding this claim should be directed to our attention as authorized legal counsel.

PLEASE SEE ATTACHED CLINICALS AND EOBS WITH CPTS AND BILLED AND PAID AMOUNTS ALONG WITH CLAIM NUMBER

Patient is a member of, beneficiary of, participant in, and/or insured by a health insurance policy or benefit plan (the "Plan") issued and/or administered by ("Insurance Company") and/or sponsored by ("Employer").

Please note the Provider's superior education, experience and skills.

A total billed charge was billed by our client as their reasonable and customary fee for these services and the Plan reimbursed less than the billed charges. Payment of the billed charges was not made in accordance with the Plan.

In addition to the items listed on Exhibits A and B, this appeal challenges the issues below in the administration of this claim.

We hereby request from the Plan Administrator copies of all of the documents listed on Exhibit B to this appeal. Documents should be sent to the undersigned at the address set forth on this letter. Please also advise if the Plan maintains an anti-assignment clause prohibiting a member from assigning its benefits and rights under the Plan to a third party.³ Notwithstanding an anti-assignment clause, we maintain our right to act as a limited power of attorney in this instance.

¹ This appeal is filed with the Plan Administrator of the above captioned plan, or appropriate named fiduciary or insurer of the plan. Any individual who is not designated as plan administrator or appropriate named fiduciary by this plan is required, by ERISA and as your fiduciary duty, to forward this appeal document to such appropriate individual.

² Case law states that an assignee of a valid ERISA assignment (as is the case here) obligates the insurance company to make all reimbursement payments directly to the provider. See, Robert Metcalf v. Blue Cross Blue Shield of Michigan et al., 57 F. Supp. 3d 1281 (D. Or. 2013). (Insurance company must pay an out-of-network provider with a valid complete ERISA assignment, even after his patients were already paid. Any additional payments made to patient will not extinguish insurance companies' obligation to pay the provider under ERISA when provider holds a valid complete ERISA assignment).

³See American Orthopedic & Sports Medicine v. Independence Blue Cross Blue Shield, 890 F.3d 445 (3d Cir. 2018)(court left open the right of providers under an ERISA plan to challenge payment through a 'power of attorney' granted by the patient to the provider.)

Additional payment is required for this claim so that benefits are paid in accordance with the Plan. A response to this First Level Member Appeal is required within 30 days of the date hereof as provided under ERISA. The response must address each and every argument raised herein in order to comply with the requirements of ERISA.

If you have any questions, do not hesitate to contact me.

Sincerely,

Donna Aiello

Billing Administrator, AA Medical PC

Phone: 631-237-3913

Fax: 212-203-9223

Email: billing@cortho.org

2500 Nesconset Highway, Building 10 Unit D Stony Brook, NY 11790

w/ enc.

Aaron A. Mitchell, Esq. Partner Lawall & Mitchell, LLC p: 973-285-3280

c: 914-760-8963 w:lmesq.com

e: aaron@lmesq.com

The contents of this letter, together with any attachments, are intended only for the use of the individual or entity to which they are addressed and may contain information that is legally privileged, confidential and exempt from disclosure and may contain medical information under HIPAA and State and Federal Privacy Disclosure Laws. If you are not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this message, or any attachment, is strictly prohibited. If you have received this message in error, please notify the original sender immediately and discard this letter, along with any attachments, from your computer and/or your physical possession.

EXHIBIT A

The administration of this claim has been undertaken in violation of ERISA as follows:

- 1. The notice of adverse benefit determination failed to comply with the requirements of ERISA. 29 C.F.R. § 2560.503–1(g)
- 2. This claim was not processed on a timely basis as required by ERISA and under the Plan. 29 C.F.R. § 2560.503-1(f)
- 3. The Claims Administrator engaged in procedural irregularities for the purpose of hindering and/or delaying the processing of this claim. <u>Abatie v. Alta Health & Life Ins. Co.</u>, 458 F. 3d 955 (9th Cir. 2006)
- 4. The Claims Administrator under the Plan has several conflicts of interest and has placed its own financial interest ahead of the Patient. Metro. Life Ins. Co. v. Glenn, 554 U.S. 105, 117 (2008)
- 5. The Insurance Company purposely narrows its network of providers in an effort to shift costs to plan participants in violation of ERISA.
- 6. The administration of this claim has discriminated against the Patient in violation of Federal and State law.
- 7. The administration of the claim violated applicable State statutory and common law.
- 8. The administration of this claim did not meet the reasonable expectations of the Patient.
- 9. Out-of-network benefits under the Plan are illusory. <u>Interline Brands, Inc. v. Chartis Specialty Ins. Co.,</u> 749 F.3d 962, 966–67 (11th Cir. 2014); <u>Point of Rocks Ranch, LLC v. Sun Valley Title Ins. Co.,</u> 143 Idaho 411, 146 P.3d 677, 680 (2006)
- 10. Fiduciaries under the Plan did not administer the Plan solely for the benefit of Patient.
- 11. Fiduciaries of the Plan misrepresented the benefits available under the Plan and did not disclose in reasonably clear language, understood by the ordinary person, the limitations of benefits under the Plan. 29 CFR 2520.102-2(a); Moench v. Robertson, 62 F. 3d. 553, 566 (3d Cir. 1995)
- 12. Plan Sponsor and/or Plan Administrator violated their fiduciary duties of loyalty and prudence in the selection and ongoing monitoring of Insurance Company. <u>Tibble v. Edison Int'l</u>, 135 S. Ct. 1823, 1826 (2015); DOL Information Letter to D. Ceresi, 1998 WL 1638068 (Feb. 19, 1998)

EXHIBIT B

- 1. Identification of the Plan Administrator and Plan Sponsor of this employee benefit health plan, including name, address, email address and telephone number.
- 2. Identification of the Claims Administrator of this employee benefit health plan, including name, address, email address and telephone number.
- 3. A complete copy of the controlling Plan Documents including all amendments, Summary Plan Description(s) (SPD) or Certificate of Insurance.
- 4. The latest annual report (Form 5500), bargaining agreement, trust agreement, contract or other instruments under which the plan is established and operated.
- 5. A complete copy of any past and current contracts between this employee benefit plan and the third party administrator (TPA), under which the plan is established or operated, in accordance with DOL Advisory Opinion 97-11A.
- 6. The specific plan provisions on which the denial was based.
- 7. The appeal (claims review) procedures established and maintained for this plan as required by ERISA.
- 8. Any and all internal rules, guidelines, protocols or other similar criterion relied upon in making the adverse benefit determination.
- 9. Any document or instrument that specifies procedures, formulas, methodologies, or schedules to be applied in determining or calculating a participant's or beneficiary's benefit entitlement under an employee benefit plan. Accordingly, studies, schedules or similar documents that contain information and data, such as information and data relating to standard charges for specific medical or surgical procedures, that, in turn, serve as the basis for determining or calculating a participant's or beneficiary's benefit entitlements under an employee benefit plan would constitute "instruments under which the plan is operated including the schedule of "usual and customary" fees or "allowable amounts".
- 10. An explanation of the scientific or clinical judgment for the determination regarding medical necessity or experimental treatment and any scientific information relied on.
- 11. Identification and professional qualifications as well as credentials of individual(s) who performed clinical claims determinations.
- 12. Identification and professional qualifications as well as credentials of individual(s) who performed billing and claims determinations.
- 13. Any and all internal memos and telephone communication logs associated with this claim denial and appeal, including any in-house and outside counsel's advice and opinions rendered on record in connection with handling this claim denial and review.
 - 14. Identification of the forum that has been designated in the Plan for post-appeal disputes/litigation (e.g., American Arbitration Association, Federal Court, State Court).

Filed 08/08/25 Case 2:22-cv-01249-SJB-LGD Document 71 Page 27 of 75 PageID #:

Patient Account: 7445V21645

Iron Workers Locals 40, 361 & 417 Health Fund 451 Park Ave South, New York, NY 10016

Payee: AA MEDICAL PC

Check Amount: \$3,473.22

Insured: BRIAN SIDOTE

Payee Tax ID # 46-2667021 Relationship: SELF

Plan: Indemnity Plan

Patient: **BRIAN SIDOTE** Provider: VEDANT VAKSHA Paid To: Provider Claim #: 1993382

Check#: 1750416 Check Date: 10/19/2021

Date(s) of Service Proc 06/16/21 06/16/21 2988359 Knee Arthroscopy/Surg 1.00

Qty Billed

Cons Inelig Co Pay Ded 99,756.32 5,668.09 0.00 0.00195.00

Co Ins 1,999.87 3,473.22

<u>Cmt</u> Paid Paid

06/16/21 06/16/21 29879LT Knee Arthroscopy/Surg

58.682.32

0.00 ;8.682.32 0.00 0.00 0.00

0.00 CONSD

The operative report does not describe any lesion in the knee that would require a microfracture chondroplasty. Furthermore, the MRI study from 06/02/21 did not identify an articular cartilage lesion in the left knee. Therefore, the supplied records do not support performing a microfracture chondroplasty of the left knee.

Claim Totals:

158,438.64 5,668.09 i8,682.32

0.00195.00

1,999.87

3,473.22

Cmt Code: CONSD - Procedure denied as per Medical Consultant review.;

Check Image Extracted

110321-2-9334-1935

EXHIBIT B

			Page 1
1	UN	TITED STATES DISTRICT CO	DURT
2	EA	STERN DISTRICT OF NEW Y	ORK
3			
4	AA MEDICAL, P.	C.,	
5	Plai	ntiff,	
6	v.		Case No.
7	IRON WORKERS I	OCALS 40, 361 & 417	2:22-cv-
8	HEALTH FUND,		01249
9	Defe	ndant.	(ENV) (LGD)
10			
11	DEPC	SITION OF NAKUL KARKARE	E, M.D.
12	DATE:	Wednesday, August 28,	2024
13	TIME:	12:06 p.m.	
14	LOCATION:	Remote Proceeding	
15		2500 Nesconset Highway	7
16		Stony Brook, NY 11790	
17	REPORTED BY:	Paul Chamberlain	
18	JOB NO.:	6869664	
19			
20			
21			
22			
23			
24			
25			

	Page 2
1	APPEARANCES
2	ON BEHALF OF PLAINTIFF AA MEDICAL, P.C.:
3	RYAN MILUN, ESQUIRE (by videoconference)
4	The Milun Law Firm, LLC
5	20 Commerce Drive, Suite 135
6	Cranford, NJ 07016
7	ryan.milun@milunlaw.com
8	862-702-5010
9	
10	ON BEHALF OF DEFENDANT IRON WORKERS LOCALS 40, 361 &
11	417 HEALTH FUND:
12	THOMAS KEANE, ESQUIRE (by videoconference)
13	Colleran, O'Hara & Mills, LLP
14	100 Crossways Park Drive West, Suite 200
15	Woodbury, NY 11797
16	tpk@cohmlaw.com
17	516-248-5757
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		20.000
		Page 3
1	INDEX	
2	EXAMINATION:	PAGE
3	By Mr. Keane	6
4		
5	EXHIBITS	
6	NO. DESCRIPTION	PAGE
7	(None marked.)	
8		
9	DOCUMENTS REQUESTE	D
10	NO. DESCRIPTION	PAGE
11	1 Record showing how the	
12	appeal form, dated	
13	12/15/2021, was sent to	
14	the insurance company	22
15	2 Record showing how the bill	,
16	dated 9/28/2021, was sent to	o
17	the appeal department	26
18		
19		
20		
21		
22		
23		
24		
25		

Page 4

N. KARKARE

THE REPORTER: Good afternoon. My name is Paul Chamberlain; I am the reporter assigned by Veritext to take the record of this proceeding. We are now on the record at 12:06 p.m.

This is the deposition of Nakul
Karkare taken in the matter of AA Medical,
P.C. against Iron Workers Locals 40, 361,
and 417 Health Fund on August 28, 2024.

I am a notary authorized to take acknowledgments and administer oaths in New York. Parties agree that I will swear in the witness remotely outside of his presence.

Additionally, absent an objection on the record before the witness is sworn, all parties and the witness understand and agree that any certified transcript produced from the recording virtually of this proceeding:

is intended for all uses permitted
 under applicable procedural and
 evidentiary rules and laws in the same
 manner as a deposition recorded by

	Page 5
1	N. KARKARE
2	stenographic means; and
3	- shall constitute written
4	stipulation of such.
5	At this time will everyone in
6	attendance please identify yourself for
7	the record, beginning with Plaintiff's
8	counsel.
9	MR. MILUN: Ryan Milun, The Milun Law
10	Firm, for the plaintiff.
11	MR. KEANE: Tom Keane, Colleran,
12	O'Hara & Mills, for the defendant.
13	THE REPORTER: And
14	DR. KARKARE: And you got me. Nakul
15	Karkare. I'm the owner of AA Medical,
16	P.C.
17	THE REPORTER: Thank you. And will
18	you please state your address for the
19	record?
20	DR. KARKARE: Sure. My address is
21	2500 Nesconset Highway, Stony Brook, New
22	York. Let's see. The ZIP Code there is
23	11790.
24	THE REPORTER: Thank you. Hearing no
25	objection, I will now swear in the

	Page 6
1	N. KARKARE
2	witness. Please raise your right hand.
3	WHEREUPON,
4	NAKUL KARKARE, M.D.,
5	called as a witness and having been first
6	duly sworn to tell the truth, the whole
7	truth, and nothing but the truth, was
8	examined and testified as follows:
9	THE REPORTER: Thank you. You may
10	proceed.
11	MR. KEANE: All right. Thank you.
12	EXAMINATION
13	BY MR. KEANE:
14	Q Dr. Karkare, my name's Tom
15	Keane. I'm the attorney for the
16	defendant, the Iron Workers Local 40, 361,
17	and 417 Health Fund.
18	A Hello.
19	Q Hello. I have some questions
20	for you today. Hopefully, we'll be able
21	to move through this relatively quickly.
22	So before we get started, is anyone else
23	in the room with you?
24	A No.
25	Q Okay. Now, have you ever been

	Page 7
1	N. KARKARE
2	deposed before, Dr. Karkare?
3	A Yes, for workers' compensation
4	as a witness. I am the treating doctor
5	for numerous patients who have workers'
6	compensation insurance, and I do get
7	deposed for those cases.
8	Q So I'm just going to go over
9	some instructions with you. And I do want
10	to make sure am I pronouncing your last
11	name correctly, sir?
12	A The beauty about my last name is
13	whichever way you say it, it's right. So
14	it's good.
15	Q Well, I if I do mispronounce
16	your name, please tell me.
17	A Right.
18	Q I want to show you that
19	courtesy.
20	A No. It's fine. It's Karkare.
21	Q Karkare?
22	A Karkare. Like a car. Karkare.
23	Q Okay. Thank you. So all of
24	your answers today need to be verbal.
25	Only one person should be speaking at a

Page 8 1 N. KARKARE 2 I'll ask that you wait until I finish asking the question before you 3 answer, and I will extend that same 4 5 courtesy to you. 6 Α Okay. 7 Q If, for whatever reason, you 8 need to take a break today -- use the 9 bathroom, stretch your legs -- that's 10 All I would ask is that you answer 11 any pending questions before you take the 12 break. 13 Α Got it. 14 I'd ask that if you don't 15 understand a question that you tell me 16 that you don't understand the question, 17 and I'll try to rephrase it to make it 18 clearer. 19 Got it. Α 20 Did you review any documents 0 21 before today's deposition? 22 Α Yeah. I reviewed the clinicals. 23 Q Any other documents? 24 That's it. Α 25 Q Did you speak with anyone, other

	Page 9
1	N. KARKARE
2	than your attorney, about this deposition?
3	A No.
4	Q All right. So where are you
5	currently employed?
6	A I am employed by my own
7	practice, AA Medical, P.C. I'm the owner
8	of the business.
9	Q And how long have you owned AA
10	Medical?
11	A Since 2012.
12	Q All right. And you're aware
13	that AA Medical filed the lawsuit against
14	my client, the Iron Workers Health Fund?
15	A Yes.
16	Q And for ease for just ease of
17	the conversation, if I refer to "the
18	Health Fund," I'm referring to the Iron
19	Workers Local 43, 361, and 417 Health
20	Fund.
21	A Okay.
22	Q Does that make sense to you?
23	A Got it.
24	Q Thank you. All right. So are
25	you familiar with the date of service

Page 10 1 N. KARKARE 2 or the service that's at issue in this 3 lawsuit? Α Yeah. I have the clinicals. 4 Ι 5 can pull them up, if you like. 6 0 We might get into that, but --7 Α Okay. 8 Do you know when the date of 9 service was for this? 10 Α I'll have to look. If you want 11 me to look, I can tell you. 12 Well, so generally, I want you 13 to testify as to what you recall. I may 14 put some documents on the screen, or as we 15 go through the deposition, but I'd 16 rather -- if you don't remember, or you're 17 not sure, I'd rather you tell me that. 18 Α Right. I -- I -- my 19 recollection -- I don't want to rely on 20 I can read the documents to you. Ι 21 am not the surgeon who treated the 22 patient, for the record. So whatever I do 23 today will be based on the documents. 24 Q Okay. Then why don't we do 25 I'm going to put -- can we just go

	Page 11
1	N. KARKARE
2	off the record for a second?
3	THE REPORTER: Sure. Off the record,
4	12:13.
5	(Off the record.)
6	THE REPORTER: Back on the record,
7	12:13.
8	BY MR. KEANE:
9	Q All right. So I'm putting on
10	the screen now Dr. Karkare, can you
11	confirm that you can see this?
12	A Yes. Yeah. Very clear.
13	Q All right. Thank you. Do you
14	need me to zoom in at all?
15	A No. I can read.
16	Q I'll zoom in a little just to
17	make it easier.
18	A Okay. Thank you.
19	Q So when you said you reviewed
20	"the clinicals," is this the sort of
21	document that you were reviewing?
22	A I reviewed the chart, so this
23	gets placed into the chart, and this is
24	the intake.
25	Q Okay. This is the intake.

	Page 12
1	N. KARKARE
2	A Mm-hmm.
3	Q This is still the intake?
4	A Yeah.
5	Q Okay. Now this is these are
6	documents that were provided by your
7	attorneys in response to discovery
8	demand
9	A Okay.
10	Q from my office.
11	A Okay.
12	Q So I'm just scrolling through to
13	where I think the chart is
14	A Okay.
15	Q but bear with me for a
16	moment.
17	A Okay.
18	Q This all appears to still be the
19	intake form?
20	A Yeah.
21	Q Thank you. Now, this document
22	here gesundheit. Do you need a moment,
23	sir?
24	A No. I'm good.
25	Q Okay. Now, this document here,

	Page 13
1	N. KARKARE
2	the "Self-Insurance Claim Form," we'll get
3	to it. But this is not part of the chart;
4	correct?
5	A That's right.
6	Q All right. So here on the 13th
7	page of the production St. Catherine of
8	Siena Medical Center is this the chart?
9	A Yes.
10	Q Okay.
11	A It's the operative report, just
12	like it says.
13	Q So the date of this procedure,
14	can you just confirm what the date of the
15	procedure was?
16	A Yeah; 6/16/2021.
17	Q Thank you. And what was the
18	procedure here?
19	A It says it's left knee medial
20	meniscus root repair, along with a left
21	knee lateral meniscus repair, along with
22	left knee microfracture chondroplasty.
23	Q All right. And can you just
24	describe to me, in layman terms, what that
25	means?

Page 14

N. KARKARE

A Sure. It means that Dr. Vaksha repaired the cushion between the two bones on the inside of the knee and outside of the knee. What he also did was create a small opening in the bone to get out the stem cells to help in healing of whatever he did.

Q All right. Thank you. And is -- this is the procedure that AA Medical filed a lawsuit over? Is that correct?

A I believe so.

Q Okay. Did AA Medical have to get preapproval for this procedure from the patient's insurance company?

A We get a preapproval for all our elective cases, so I'm sure we get -- got a preapproval for this one too. I'll have to look in the chart to see what date and what number. But as -- as a procedure, we always get a preapproval for all elective cases. Without that, the hospital does not authorize the procedure. We do not do the procedure -- cannot do the procedure

	Page 15
1	N. KARKARE
2	without that.
3	Q So that's St. Catherine
4	wouldn't have allowed the surgeon to
5	perform without preapproval?
6	A That's right.
7	Q And you said that AA Medical
8	gets preapproval for all elective
9	procedures?
10	A That's correct.
11	Q So this procedure on June 16,
12	2021, that was elective?
13	A Yes.
14	Q Okay. And so when you went
15	when AA Medical goes for preapproval, is
16	that to whom is that directed towards?
17	Who do they make that request to?
18	A To the insurance company.
19	Q And this patient, do you know
20	who his insurance company was?
21	A I'll have to look it up, but I'm
22	guessing probably the Health Fund that we
23	are talking about today.
24	Q Do you know for sure?
25	A I will have to look it up.

Page 16 1 N. KARKARE 2 Q Okay. Well, how does AA Medical determine who the patient's insurance 3 provider is? 4 5 Oh. Well, we get the insurance 6 information from the patient, and then we 7 contact the insurance company, do 8 eligibility verification, and put it in 9 the chart. 10 So is AA Medical requesting 11 copies of the patient's insurance card? 12 Α Yeah. We do that when the 13 patient comes to the office. 14 0 Is there any other information 15 that you request from the -- that AA 16 Medical requests from the patients in 17 order to determine who their insurance 18 company is? 19 Α The insurance company No. member ID and the insurance company name. 20 21 That's it. 22 And so before this surgery could 23 have taken place on June 16, 2021, AA 24 Medical would have had to contact the 25 patient's insurance company and get

	Page 17
1	N. KARKARE
2	preapproval for these operations?
3	A Like I said before, yes.
4	Q I'm going to stop the screen
5	share. I may come back to it later, but I
6	don't need it for right now.
7	So to your knowledge, does AA
8	has AA Medical had patients covered by the
9	Iron Workers Health Fund before?
10	A Probably. I'll have to run a
11	report. Then I can tell you.
12	Q When you say "run a report,"
13	what do you mean by that?
14	A Run a report of insurances and
15	tell which patients were treated by which
16	insurance company by us.
17	Q All right. So has AA Medical
18	ever submitted a claim are you aware of
19	AA Medical submitting claims to the Iron
20	Workers Health Fund before?
21	A We probably did, if we saw the
22	patient.
23	Q Are you personally familiar with
24	any claims that have been submitted to the
25	Iron Workers Health Fund?

	Page 18
1	N. KARKARE
2	A No. I'll have to run a report,
3	like I said before.
4	Q Okay. So I want to take a step
5	back. So when AA Medical performed no.
6	Actually, let me confirm this. I know you
7	were not the treating physician on June
8	16, 2021. Who was the treating physician?
9	A Dr. Vedant Vaksha.
10	Q And he is an employee of AA
11	Medical?
12	A That's right.
13	Q All right. Thank you. So when
14	AA Medical performs an elective surgery,
15	like the one like this one, who
16	generates the bill that who generates
17	the bill?
18	A Well, the billing department.
19	Q And who does anyone have to
20	approve that bill before it gets sent out?
21	A Yes.
22	Q Who has to approve the bill?
23	A The surgeon submits the codes.
24	The surgeon approves the codes. The
25	billing department sends out the bill.

	Page 19
1	N. KARKARE
2	Q And how soon after a surgery is
3	performed does the bill go out, generally?
4	A Base, two weeks.
5	Q Is that an automated process, or
6	is somebody in the billing department
7	manually doing this work?
8	A Manually doing this work.
9	Q And do you know how the billing
10	department sends the bill? Are they
11	mailing it, faxing it? Do you know?
12	A It's sent electronically to the
13	clearing house, unless there are some
14	insurance which don't accept electronic
15	claims there. Then we the claims to
16	paper and send it. And a electronic
17	medical record company does that for us.
18	Q What's the name of that company?
19	A We currently use Athena.
20	Q Is that A-T-H-E-N-A?
21	A Correct. You're very good at
22	understanding my accent, I must say.
23	Q Well, thank you. I think you're
24	pretty clear, for what it's worth.
25	A All right.

```
Page 20
1
                             N. KARKARE
2
         Q
               So bear with me just one moment.
3
    I'll just share my screen again. All
    right. Can you see this?
4
5
         Α
               Yep.
6
          0
               This is on page 12 of
7
    Plaintiff's document production.
8
    Karkare, is this the bill?
9
         Α
               Yeah.
10
               Okay. And I see -- it says
11
    "Signature on File." That's just the
12
    patient's signature that you have on file;
13
    correct?
14
               "Patient's authorized" -- yeah.
         Α
15
    That's what it reads there, so that's what
16
    I would assume.
17
               Now, did you personally see this
    bill before it went out?
18
19
               No. I -- I don't see every bill
         Α
20
    that goes out.
21
         Q
               Okay.
22
         Α
               The surgeon reviews the codes.
23
    The billing department sends out those
24
    codes.
25
         Q
               All right. And do you know if
```

	Page 21
1	N. KARKARE
2	AA Medical got paid on this bill?
3	A I'll have to look up the amount,
4	and if I got paid, and on which code.
5	Q Okay. Let's scroll up to
6	this is page 10 of the document
7	production. Are you familiar with this
8	document, sir?
9	A Yeah.
10	Q Okay. What is this document?
11	A This looks like appeal form sent
12	by Donna Aiello, our billing
13	administrator.
14	Q All right. Do you know how
15	Donna Aiello would have sent this?
16	A Probably, as I said, you know,
17	electronically faxed it, or if the
18	insurance company doesn't accept
19	electronic faxes, we could have mailed it
20	to the insurance company. Again, like I
21	said, I will have to look up exactly how
22	it was sent.
23	Q So AA Medical would have some
24	sort of a record of how they sent this
25	particular bill?

	Page 22
1	N. KARKARE
2	A Absolutely.
3	Q All right. I am going to make a
4	request for whatever that record is that
5	would show how this was sent.
6	A Okay.
7	Q I'll follow up with your
8	attorney on that.
9	A Okay. All right.
10	Q Now, so this document that we're
11	looking at was this something that you
12	would have seen before it went out?
13	A No.
14	Q Okay. And I see that it was
15	addressed "Attention: Iron Workers Claim
16	Department." Do you have any are you
17	personally familiar with the claim
18	department at the Iron Workers Health
19	Fund?
20	A No.
21	Q Is there anyone who works for AA
22	Medical who would know, who would have
23	that familiarity?
24	A I mean, our billing team would
25	know more about the claim department and,

Page 23 1 N. KARKARE 2 you know, which fax number it was sent to, 3 or was it mailed, or how it came to you. 4 So would Donna Aiello have Q 5 personal knowledge as to how a claim like 6 this was sent out? 7 Α Yeah. 8 Do you know if AA Medical 9 received any response to this 10 communication? 11 Again, like I said, I'll have to 12 look at the records. For the record, 13 going forward, anything that I don't see on the screen, I will have to look up, 14 15 like I said before. 16 Well, so then, I'll ask this 17 sort of generally. Do you have any 18 personal knowledge, generally, about bills 19 that go out and the communications with 20 the insurance companies? 21 I'm the one who set the 22 protocols. Do I review every bill, every 23 claim that goes out? No. I cannot do 24 that. 25 Q All right. So you generally

Page 24 1 N. KARKARE 2 know what the protocols are for getting 3 the bills out, but --4 Α Correct. Yeah. 5 -- but for these bills, you 6 don't have any recollection of seeing 7 them? 8 Α Like I said, it's No. 9 impossible for me to see every claim that 10 goes out. I'm a practicing orthopedic 11 surgeon, and we have a billing team who 12 sends out the -- virtual connectivity 13 interruption --14 I'm just going to move to page 15 17 of the document production. All right. 16 Can you see this? 17 Α Yeah. 18 So tell me, if you know, what 19 this document is? 20 I'm just moving the screen a Α 21 little away so, you know, the camera may 22 be pointing a little upward. "Records 23 indicate that claims for the -- were 24 underpaid. We're requesting that you send 25 the plan documents." Yeah. So just like

Page 25 1 N. KARKARE 2 it says, "we are requesting the plan 3 documents, and we are also appealing this 4 claim." 5 All right. Now, I note that this is dated September 28, 2021. 6 And the 7 last document we looked at on page 10 of 8 the production is dated December 15, 2021. 9 Α Okay. 10 Do you know why -- do you know 11 why the earlier document is addressed to 12 the appeal department and the later 13 document is addressed to the claims 14 department? 15 No. I don't know. But a 16 possibility is that the insurance company 17 asked us to do that. 18 And I see on the top here -- and Q 19 I'll highlight it -- a fax number. Ιs 20 that -- do you know what that fax number 21 is? 22 Α No. The fax number on this 23 appeal; that's all I know. 24 Okay. So is that AA Medical's Q 25 fax number?

	Page 26
1	N. KARKARE
2	A No. No. Our fax number is
3	below.
4	Q Is that the 212 number here?
5	A Correct.
6	Q Thank you. And sorry. Do
7	you have any personal knowledge as to how
8	this bill was sent to the appeal
9	department?
10	A No. Like I said before, I'll
11	have to look it up. Looking at this, it
12	may have been faxed, but I'm not sure.
13	Q All right. I'm going to request
14	a copy of whatever record would show how
15	this was sent to the health sent to the
16	appeal department.
17	A Okay.
18	Q So I see that in this document,
19	AA Medical claims that it was underpaid.
20	When AA Medical believes that a claim is
21	underpaid, do you what does AA does
22	AA Medical send any sort of documentation
23	to support what they claim they should be
24	paid?
25	A The billed amount is clearly

Page 27 1 N. KARKARE 2 mentioned in the submitted claim. 3 amount less than the billed amount is underpayment. 4 5 Do you know if AA Medical 6 receives an explanation of benefits from 7 the Health Fund? 8 Did they receive an explanation Α 9 of benefits? I would have to look at the 10 chart if they did. 11 Do you know, is AA Medical an 12 in-network healthcare provider for the 13 Health Fund? 14 We are out-of-network provider. Α 15 Q If AA Medical is underpaid, does 16 the billing department get you involved 17 with the appeal? 18 Α No. No. 19 Other than setting up the Q 20 protocols, do you have any direct 21 involvement with the billing process for 22 AA Medical? 23 I personally order charts 24 occasionally to make sure everything is 25 exactly the way it should be.

	Page 28
1	N. KARKARE
2	Q And are you so are you
3	auditing the process, or you're auditing
4	particular bills?
5	A Everything.
6	Q I'm sorry. Did you say
7	"everything"?
8	A Yes.
9	Q Okay. And if an insurance
10	company denies a claim, are you personally
11	involved with AA Medical's appeal of the
12	denied claim?
13	A Like I said, no; not for every
14	appeal that goes out.
15	Q And for the service at issue in
16	this case that was performed on June 16,
17	2021, you weren't involved with the
18	billing of that procedure; correct?
19	A That's right.
20	Q And you weren't involved with
21	the appeal of the denial of claims?
22	A Yeah. Like I said before, I
23	wasn't involved in that.
24	Q And is Donna Aiello is she
25	the person who would have the I'll

	Page 29
1	N. KARKARE
2	strike the question. The form I'm looking
3	at identifies Donna Aiello as the billing
4	administrator. Is she still AA Medical's
5	billing administrator?
6	A Yes; she is.
7	Q Okay. And is Ms. Aiello
8	personally involved with getting the bills
9	out and submitting appeals?
10	A There's somebody who submits the
11	bills, but she follows up on them, and
12	she's in charge of the appeals.
13	Q Would Ms. Aiello is Ms.
14	Aiello likely to have knowledge as to
15	how whether or not AA Medical appealed
16	this denial of claims?
17	A Yeah. Absolutely.
18	Q Okay.
19	A I mean, what I see here is that
20	she's the one who appealed it.
21	MR. KEANE: Can we go off the record
22	for a second?
23	THE REPORTER: Sure thing. Off the
24	record, 12:41.
25	(Off the record.)

Page 30 1 N. KARKARE 2 THE REPORTER: Back on the record, 3 1:01 p.m.4 MR. KEANE: Thank you. 5 BY MR. KEANE: 6 0 All right. So I have a couple 7 of questions. I do just want to state 8 that I will be following up with your 9 attorney, Dr. Karkare, regarding some 10 information requests for some records you 11 referenced, you know, and the Defendant 12 reserves their right to call Donna Aiello 13 as a witness. 14 You know, as I had mentioned in 15 the -- during the conference before the 16 magistrate on July 31st, the Health Fund 17 was most interested in speaking with 18 someone who had personal knowledge of the 19 appeal that was filed by AA Medical. 20 we reserve our right to call an additional 21 witness with more knowledge than you about 22 that. But we'll see what those -- what 23 the records produced say. 24 So just a couple of final -- a 25 couple of, hopefully, quick questions for

	Page 31
1	N. KARKARE
2	you, Dr. Karkare.
3	A Sure.
4	Q Are you familiar with the
5	Journal of Arthroscopy?
6	A Yeah.
7	Q Okay. Are you aware that in an
8	amended complaint in this case your prior
9	attorney cited a few a couple of
10	articles from the Journal of Arthroscopy?
11	A I know they cited some
12	scientific literature.
13	Q Okay. Are you aware of what
14	those what that literature was?
15	A I would have to look up the
16	literature that was submitted.
17	Q And to your knowledge, was any
18	of that literature ever submitted to the
19	Health Fund?
20	A I'll have to look it up.
21	Q Okay. Are you aware that your
22	attorneys, in responding to discovery,
23	have already said that literature was
24	never submitted to the Health Fund?
25	A I'll have to look it up.

	Page 32
1	N. KARKARE
2	Q Okay.
3	A What I can tell you, as a
4	protocolist they ask for something, we
5	do submit it. If it were asked, it would
6	have been submitted.
7	Q All right. Thank you. And are
8	you familiar with any other lawsuits that
9	AA Medical has filed against my client in
10	the past?
11	A I'll have to look it up.
12	MR. KEANE: Thank you. No further
13	questions.
14	THE WITNESS: Thank you.
15	MR. MILUN: I don't have any
16	questions.
17	THE REPORTER: All right. We're off
18	the record at 1:04 p.m.
19	(Time Noted: 1:04 p.m.0
20	
21	
	NAKUL KARKARE, M.D.
22	Subscribed and sworn to before me
23	
	this, day of, 2024.
24	
25	, Notary Public

Page 33

CERTIFICATE OF DEPOSITION OFFICER

I, PAUL CHAMBERLAIN, the officer before whom the foregoing proceedings were taken, do hereby certify that any witness(es) in the foregoing proceedings, prior to testifying, were duly sworn; that the proceedings were recorded by me and thereafter reduced to typewriting by a qualified transcriptionist; that said digital audio recording of said proceedings are a true and accurate record to the best of my knowledge, skills, and ability; that I am neither counsel for, related to, nor employed by any of the parties to the action in which this was taken; and, further, that I am not a relative or employee of any counsel or attorney employed by the parties hereto, nor financially or otherwise interested in the outcome of this action.

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PAUL CHAMBERLAIN

Notary Public in and for the

State of New York

[X] Review of the transcript was requested.

Page 34

CERTIFICATE OF TRANSCRIBER

I, ROCHELLE RANKIN, do hereby certify that this transcript was prepared from the digital audio recording of the foregoing proceeding, that said transcript is a true and accurate record of the proceedings to the best of my knowledge, skills, and ability; that I am neither counsel for, related to, nor employed by any of the parties to the action in which this was taken; and, further, that I am not a relative or employee of any counsel or attorney employed by the parties hereto, nor financially or otherwise interested in the outcome of this action.

ROCHELLE RANKIN

Rochelle R. Ranlin

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Federal Rules of Civil Procedure Rule 30

- (e) Review By the Witness; Changes.
- (1) Review; Statement of Changes. On request by the deponent or a party before the deposition is completed, the deponent must be allowed 30 days after being notified by the officer that the transcript or recording is available in which:
- (A) to review the transcript or recording; and
- (B) if there are changes in form or substance, to sign a statement listing the changes and the reasons for making them.
- (2) Changes Indicated in the Officer's Certificate. The officer must note in the certificate prescribed by Rule 30(f)(1) whether a review was requested and, if so, must attach any changes the deponent makes during the 30-day period.

DISCLAIMER: THE FOREGOING FEDERAL PROCEDURE RULES

ARE PROVIDED FOR INFORMATIONAL PURPOSES ONLY.

THE ABOVE RULES ARE CURRENT AS OF APRIL 1,

2019. PLEASE REFER TO THE APPLICABLE FEDERAL RULES

OF CIVIL PROCEDURE FOR UP-TO-DATE INFORMATION.

VERITEXT LEGAL SOLUTIONS

Veritext Legal Solutions represents that the foregoing transcript is a true, correct and complete transcript of the colloquies, questions and answers as submitted by the court reporter. Veritext Legal Solutions further represents that the attached exhibits, if any, are true, correct and complete documents as submitted by the court reporter and/or attorneys in relation to this deposition and that the documents were processed in accordance with our litigation support and production standards.

Veritext Legal Solutions is committed to maintaining the confidentiality of client and witness information, in accordance with the regulations promulgated under the Health Insurance Portability and Accountability Act (HIPAA), as amended with respect to protected health information and the Gramm-Leach-Bliley Act, as amended, with respect to Personally Identifiable Information (PII). Physical transcripts and exhibits are managed under strict facility and personnel access controls. Electronic files of documents are stored in encrypted form and are transmitted in an encrypted

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